

**AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS**

TYPE: ☒ IXC      ☐ CLEC      ☐ ILEC      ☐ Wireless

218335

**CERTIFICATED COMPANY INFORMATION**

**BUSINESS DISCOUNT PLAN, INC.**

Company Name	FEIN/SSN
Dbaf/ka	Telephone # <b>(800) 680-1120</b>
Mailing Address	
<b>BUSINESS DISCOUNT PLAN, INC.</b> <b>ONE WORLD TRADE CENTER ST. #800</b> <b>LONG BEACH, CA 90831</b>	
City, State, Zip Code	
Business Location	
City, State, Zip Code	County

**REGISTERED AGENT INFORMATION**

Registered Agent: _____
Mailing Address: _____
City, State, Zip Code _____

**Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:**

**Craig Konrad**

A. **General Manager** (Include Address if different than above)  
**(800) 680-1120** / \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

**Craig Konrad**

B. **Customer Relations/Complaints Representative** (Include Address if different than above)  
**(800) 680-1120** / \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

**Craig Konrad**

C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)  
**(800) 680-1120** / \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

C2. **Customer Contact (Toll Free Number)** **(800) 680-1120**  
**Craig Konrad**

D. **Engineering Operations** (Include Address if different than above)  
**(800) 680-1120** / \_\_\_\_\_  
 Telephone Number / Facsimile Number / E-mail Address

**RECEIVED**

AUG 11 2009

PSC SC  
DOCKETING DEPT.

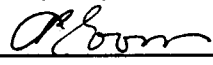
**Craig Konrad**

- E. **Test and Repair** (Include Address if different than above)  
**(800) 680-1120** /  
Telephone Number / Facsimile Number / E-mail Address  
**Craig Konrad**
- F. **Emergencies** (During Non-Office Hours)  
**(800) 680-1120** /  
Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

- G. **ALLISON BLOOM**  
**Regulatory Officer** (Include Address if different than above)  
**(949) 798-7020** /  
Telephone Number / Facsimile Number / E-mail Address  
**Craig Konrad**
- H. **Dual Party Mailings** (Name)  
(Mailing Address)  
/ /  
Telephone Number / Facsimile Number / E-mail Address  
**(800) 680-1120**
- I. **Interim LEC Fund Mailings** (Name) **Craig Konrad**  
(Mailing Address)  
**(800) 680-1120** /  
Telephone Number / Facsimile Number / E-mail Address
- J. **Universal Service Fund Mailings** (Name) **ALLISON BLOOM**  
(Mailing Address)  
**(949) 798-7020** /  
Telephone Number / Facsimile Number / E-mail Address
- K. **Gross Receipts Mailings** (Name) **ALLISON BLOOM**  
(Mailing Address)  
**(949) 798-7020** /  
Telephone Number / Facsimile Number / E-mail Address

**ALLISON BLOOM**  
This form was completed by  
**CONTROLLER**  
Title

/   
Signature  
/ 7-24-2009  
Date

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
**Docketing Department**  
Post Office Drawer 11649  
Columbia, South Carolina 29211  
And  
Office of Regulatory Staff  
**Attn: Jeanne Gordon**  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201